



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 6249

SERIAL NUMBER 09/475,365	FILING DATE 12/30/1999 RULE	CLASS 514	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. 91561/74891
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APPLICANTS

DR. PORUNELLOR A. MATHEW, COPPELL, TX;
KENT S. BOLES, FORT WORTH, TX;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

**** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	DRAWING 3	21	3
Verified and Acknowledged	Ruixiang Liu Examiner's Signature	Rhi Initials			

ADDRESS

23552
MERCHANT & GOULD PC
P.O. BOX 2903
MINNEAPOLIS, MN
55402-0903

TITLE
LLT USES THEREOF IN IMMUNE SYSTEM MODULATION

FILING FEE RECEIVED 903	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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102(b) rejection in the previous office action
was based on the wrong filing date; a new 102(c) has been made.

CONFIRMATION NO. 6249

Bib Data Sheet

SERIAL NUMBER 09/475,365	FILING DATE 06/04/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 91561/74891
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APPLICANTS

DR. PORUNELLOR A. MATHEW, COPPELL, TX;
KENT S. BOLES, FORT WORTH, TX;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 02/09/2000

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Rui Meng Li</i> Examiner's Signature	<i>Rhi</i> Initials			

ADDRESS

23552

TITLE

LLT USES THEREOF IN IMMUNE SYSTEM MODULATION

FILING FEE RECEIVED 838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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